

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

CITIZENS FOR STRENGTH AND SECURITY

(b) Address (number and street)

☐ check if different than previously reported

1718 M STREET NW S342

(c) City, State and ZIP Code

WASHINGTON

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001259

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 1 / 1 4 / 2 0 1 0

through

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 1 0

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 1 / 1 6 / 2 0 1 0

(b) Communication Title The Same

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: 527 Political Org.

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Lora Haggard

(b) Address (number and street)

1718 M Street, NW

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Citizens For Strength And Security

(e) Occupation

Treasurer

9. Total Donations This Statement

200000.00

10. Total Disbursements/Obligations This Statement

325000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Lora Haggard

SIGNATURE Electronically Filed by Lora Haggard

DATE 01/17/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.

A. Full Name of Donor

Donald Sussman

Mailing Address of Donor

Paloma Partners

Greenwich Centre

City

State

Zip

Greenwich

CT

06831

Date of Receipt

M M
0 1

D D
1 4

Y Y Y Y
2 0 1 0

Amount

100000.00

Transaction ID : F92.000001

B. Full Name of Donor

UFCW Active Ballot Club Education/Political Fund

Mailing Address of Donor

1775 K Street, NW

City

State

Zip

Washington

DC

20006

Date of Receipt

M M
0 1

D D
1 5

Y Y Y Y
2 0 1 0

Amount

100000.00

Transaction ID : F92.000002

SUBTOTAL of Donations This Page (optional).....

200000.00

TOTAL This Period (last page this line number only).....
(carry total from last page to Line 9)

200000.00

SCHEDULE 9-B**Disbursement(s) Made or Obligations**

PAGE 3 / 3

A. Full Name (Last, First, Middle Initial) of Payee LUC Media				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0 </div>			
Mailing Address of Payee 25 Whitlock Place Suite 201				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 325000.00 </div>			
City Marietta		State GA				Zip Code 30064	
Name of Employer N/A		Occupation N/A					
Purpose of Disbursement (including title(s) of communication(s)) Media Buy: The Same							
Name of Federal Candidate Scott Brown		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>MA</u> District: _____			
F94.000002		Disbursement/Obligation For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Special Election</u>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____			

SUBTOTAL of Disbursement/Obligation This Page (optional)

325000.00

TOTAL This Period (last page this line number only)
 (carry total from last page to line 10)

325000.00